

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No: 10/523,729
Applicant: Leendert W. Hamoen
Confirmation No: 8491
International File Date: August 1, 2003
Group Art Unit: To be assigned
Examiner: To be assigned
For: Novel bacterial expression system
Attorney Docket: 2002.012 US

August 27, 2007

**TRANSMITTAL LETTER FOR
SUBSTITUTE SEQUENCE LISTING**

Mail Stop: Sequence
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Applicants submit herewith a Substitute Sequence Listing for inclusion in the captioned application.

Amendments to the Specification begin on page 2.

Remarks begin on page 3.

Amendments to the Specification

Please replace the paragraph on page 1 immediately after the **Reference to Sequence Listing** section (This heading and paragraph were entered by way of an amendment to the specification requested by Applicants in a Transmittal Letter for Substitute Sequence Listing filed on July 19, 2007);

The material saved as text document under the file name "~~Substitute Sequence Listing~~" "Substitute Sequence Listing3" created on August ~~1, 2006~~ 27, 2007 is hereby incorporated by reference.

Please replace the existing Sequence Listing with the Substitute Sequence Listing provided herewith.

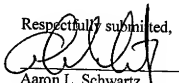
Remarks

I hereby state that the amendments, made in accordance with 37 CFR 1.825(a), included in the substitute sheet(s) or compact disc(s) of the Sequence Listing are supported in the application, as originally filed. I hereby state that the submission, filed in accordance with 37 CFR 1.821(g) [or (h)], herein does not include new matter.

Applicants do not believe that any other fee is due in connection with this filing. If, however, Applicants do owe any such fee(s), the Commissioner is hereby authorized to charge the fee(s) to Deposit Account No. **02-2334**. In addition, if there is ever any other fee deficiency or overpayment under 37 C.F.R. §1.16 or 1.17 in connection with this patent application, the Commissioner is hereby authorized to charge such deficiency or overpayment to Deposit Account No. **02-2334**.

Applicants submit that this application is in condition for allowance, and request that it be allowed. The Examiner is requested to call the Undersigned if any issues arise that can be addressed over the phone to expedite examination of this application.

Respectfully submitted,



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